

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MX	10891	0110
O.I.P.E. CLASSIFIER		21	8/16/02
FORMALITY REVIEW	CX	69914	9/26/02
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
Final	4/3/04
1	0
2	✓
3	1
4	
5	
6	
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8	
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10	
11	
12	✓
13	N
14	0
15	0
16	0
17	✓
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24	
25	
26	
27	
28	✓
29	✓
30	0
31	✓
32	0
33	0
34	0
35	0
36	✓
37	0
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43	
44	✓
45	0
46	✓
47	✓
48	✓
49	✓
50	

Claim	Date
Final	4/3/04
51	
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58	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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